ATTACHMENT 4
Modifier and diagnosis code conversion chart for physician services

The following table lists nationally recognized modifiers that providers will be required to use in lieu of Wisconsin local modifiers or diagnosis codes when submitting claims for physician services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation	After HIPAA implementation
Local modifier or diagnosis code and description	**National modifier and description**
No modifier exists	**TH*** Obstetrical treatment/services, prenatal
PD Pediatric recipient (less than age 19)	**TJ** Program group, child and/or adolescent
HP Health Professional Shortage Area (HPSA)/ Adult (over 18 years of age) **HK** HPSA/Child (18 years of age and under)	*Choose one:* **QB**** Physician providing service in a rural HPSA **QU**** Physician providing service in an urban HPSA
W1 Medically Directing one certified registered nurse anesthetist (CRNA)/ anesthesiologist assistant (AA)	**QY***** Medical direction of one CRNA (or AA) by an anesthesiologist
W2 Medically directing two CRNAs/AAs	**QK***** Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
W3 Medically directing three CRNAs/AAs	
W4 Medically directing four CRNAs/AAs	
Physician services billed with diagnosis code **V67.S** (second opinion obtained)	**SM** Second opinion obtained

*Providers are required to use modifier "TH" with procedure codes 99204 and 99213 only when those codes are used to indicate the first three antepartum care visits. Providers are required to use both modifiers "TH" and the appropriate HPSA modifier when these prenatal services are HPSA eligible.

**Wisconsin Medicaid reimburses providers the same enhanced reimbursement for either HPSA modifier. Providers may use Medicare guidelines to define rural and urban HPSAs.

***Anesthesiologists will be required to use *Current Procedural Terminology* anesthesia procedure codes 00100-01999 for all anesthesia services.